

Public Mental Health System Rates Effective July 1, 2012

Procedure Code	Service Description	Copay	Private Practitioners				OMHC	PRP/RRP				CM	Mobile Tx	Traumatic Brain Injury	Freestg Partial Hosp Prog	Facility	Residential Crisis Facility
			M.D.	Nurse Prac. Psych	Ph. D. Psych	LCSW, RN Ther, LCPC		On-Site	Off-Site	On/Off Site	FQHC						
OUTPATIENT/OFFICE PROFESSIONAL SERVICES																	
90801	Psychiatric diagnostic interview exam	YES	\$147.92	\$103.38	\$118.08	\$103.38	\$166.10										
90801	C&A Psychiatric diagnostic interview exam	YES	\$147.92	\$103.38	\$118.08	\$103.38	\$185.52										
90804	Individual psychotherapy (20-30 min)	YES	\$48.81	\$34.11	\$39.10	\$34.11	\$48.81										
90804	C&A Individual psychotherapy (20-30 min)	YES	\$48.81	\$34.11	\$39.10	\$34.11	\$57.72										
90805	Indiv psychotherapy w/ med eval & mgmt (20-30 min)	YES	\$70.85	\$49.59			\$83.19										
90805	C&A Indiv psychotherapy w/ med eval & mgmt (20-30 min)	YES	\$70.85	\$49.59			\$92.89										
90806	Individual psychotherapy (45-50 min)	YES	\$88.68	\$62.19	\$70.85	\$62.19	\$88.68										
90806	C&A Individual psychotherapy (45-50 min)	YES	\$88.68	\$62.19	\$70.85	\$62.19	\$102.59										
90807	Indiv psychotherapy w/ med eval & mgmt (45-50 min)	YES	\$105.23	\$73.73			\$119.13										
90807	C&A Indiv psychotherapy w/ med eval & mgmt (45-50 min)	YES	\$105.23	\$73.73			\$133.29										
90808	Individual psychotherapy (75-80 min)	YES					\$115.72										
90808	C&A Individual psychotherapy (75-80 min)	YES					\$135.14										
90809	Indiv psychotherapy w/ med eval & mgmt (75-80 min)	YES					\$170.30										
90809	C&A Indiv psychotherapy w/ med eval & mgmt (75-80 min)	YES					\$190.24										
90846	Family psychotherapy without patient present	YES	\$82.91	\$52.48	\$68.23	\$52.48	\$87.91										
90846	C&A Family psychotherapy without patient present (45-60 min)	YES	\$82.91	\$52.48	\$68.23	\$52.48	\$101.55										
90847	Family psychotherapy with patient present (45-60 min)	YES	\$92.37	\$64.02	\$74.52	\$64.02	\$92.37										
90847	C&A Fam psychoth with patient present (45-60 min)	YES	\$92.37	\$64.02	\$74.52	\$64.02	\$104.96										
90847-52	C&A Family psychotherapy with patient present--Abbrev	YES	\$57.20	\$40.15	\$45.66	\$40.15	\$57.20										
90849	Multiple family group psychotherapy 45 - 60 minutes	YES					\$38.84										
90849	Multiple family group psychotherapy without consumer present 45 - 60 minutes	YES					\$34.37										
90849	C&A Multiple family group psychotherapy 45 - 60 minutes	YES					\$40.94										
90849	C&A Multiple family group psychotherapy - without consumer present 45 - 60 minutes	YES					\$37.78										
90849-52	Multiple family group psychotherapy--Abbrev	YES					\$34.86										

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90849-52	Multiple family group psychotherapy without consumer present--Abbrev	YES					\$31.63											
90849-52	C&A Multiple family group psychotherapy--Abbrev	YES					\$37.60											
90849-52	C&A Multiple family group psychotherapy without consumer present--Abbrev	YES					\$34.86											
H2027	Family psycho-education with consumer present	YES					\$52.48											
H1011	Family psycho-education without consumer present	YES					\$52.48											
90853	Group psychotherapy (not multi-family.) 45-60 minutes	YES	\$24.14	\$24.14	\$24.14	\$24.14	\$37.78											
90853	C&A Group psychotherapy (not multi-family.) 45-60 minutes.	YES	\$24.14	\$24.14	\$24.14	\$24.14	\$39.89											
90853-21	Group psychotherapy prolonged (More than 75 minutes)	YES					\$48.23											
90853-21	C&A Group psychotherapy prolonged (More than 75 minutes)	YES					\$48.23											
90862	Pharmacological mgmt, including Rx	YES	\$55.63	\$38.84			\$66.65											
90862	C&A Pharmacological mgmt, including Rx	YES	\$55.63	\$38.84			\$66.65											
90875	Indiv psychophysio therapy incl biofdbk (20-30 min)	YES	\$48.81	\$34.11	\$39.10	\$34.11	\$48.81											
90876	Indiv psychophysio therapy incl biofdbk (45-50 min)	YES	\$88.68	\$62.19	\$70.85	\$62.19	\$88.68											
90889	Discharge OMS (HCFA)	NO					\$20.99											
0929	Discharge OMS (UB)	NO															\$20.81	
96101	Psych testing, per hour, Ph.D. Lic-Maximum 8 hours per service	YES			\$96.56		\$96.56											
96102	Psychological Testing Computer (Flat rate)	YES			\$26.86		\$26.86											
99241	Office Consultation - also used for H&P for PHP (15 Min)	YES - OP NO - IP	\$34.73	\$25.39														
99242	Office Consultation - also used for H&P for PHP (30 min)	YES - OP NO - IP	\$70.48	\$51.14														
99243	Office Consultation - also used for H&P for PHP (40 min)	YES - OP NO - IP	\$94.67	\$69.87														
99244	Office Consultation - also used for H&P for PHP (60 min)	YES - OP NO - IP	\$139.69	\$100.30														
99245	Office Consultation - also used for H&P for PHP (80 min)	YES - OP NO - IP	\$185.99	\$138.30														
99354	Prolonged phy svc req face-to-face pat contact beyond the usual service	YES					\$76.09											
99355	Each additional 30 minutes of a prolonged phy svc	YES					\$38.30											
INPATIENT HOSPITAL SERVICES																		
90816	Individual psychotherapy, IP (20-30 min) (MD only)	NO	\$42.70	\$29.89			\$42.70	*										
90817	Indiv psy, IP, w/med eval & mgmt (20-30 min) (MD only)	NO	\$42.70	\$29.89			\$42.70	*										

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90818	Individual psychotherapy, IP (45-50 min) (MD only)	NO	\$80.26	\$56.18			\$80.26	*									
90819	Indiv psy, IP, w/med eval & mgmt (45-50 min) (MD only)	NO	\$80.26	\$56.18			\$80.26	*									
99221	Initial hospital care (30 min) (MD only)	NO	\$69.72	\$48.81													
99221	C&A Initial hospital care (30 min) (MD only)	NO	\$69.72	\$48.81													
99222	Initial hospital care (50 min) (MD only)	NO	\$105.23	\$73.66													
99222	C&A Initial hospital care (50 min) (MD only)	NO	\$105.23	\$73.66													
99223	Initial hospital care (70 min) (MD only)	NO	\$160.84	\$112.59													
99223	C&A Initial hospital care (70 min) (MD only)	NO	\$160.84	\$112.59													
99231	Subsequent IP care (15 min) (MD only)	NO	\$34.99	\$24.49													
99231	C&A Subsequent IP care (15 min) (MD only)	NO	\$34.99	\$24.49													
99232	Subsequent IP care (25 min) (MD only)	NO	\$56.92	\$39.25													
99232	C&A Subsequent IP care (25 min) (MD only)	NO	\$56.92	\$39.25													
99233	Subsequent IP care (35 min) (MD only)	NO	\$80.95	\$51.62													
99233	C&A Subsequent IP care (35 min) (MD only)	NO	\$80.95	\$51.62													
99238	Hospital discharge day mgmt (30 min or less) (MD only)	NO	\$72.86	\$50.99													
99238	C&A Hospital discharge day mgmt (30 min or less) (MD only)	NO	\$72.86	\$50.99													
99239	Hospital discharge day mgmt (>30 min) (MD only)	NO	\$99.22	\$69.46													
99239	C&A Hospital discharge day mgmt (>30 min) (MD only)	NO	\$103.40	\$72.38													
99251	Initial inpatient consultation (20 min) (MD only)	NO	\$36.28	\$25.39													
99252	Initial inpatient consultation (40 min) (MD only)	NO	\$73.06	\$51.14													
99253	Initial inpatient consultation (55 min) (MD only)	NO	\$99.81	\$69.87													
99254	Initial inpatient consultation (80 min) (MD only)	NO	\$143.29	\$100.30													
99255	Initial inpatient consultation (110 min) (MD only)	NO	\$197.56	\$138.30													
99281	ER Visit	NO	\$16.73														
99282	ER Visit	NO	\$27.78														
99283	ER Visit	NO	\$62.25														
99284	ER Visit	NO	\$97.24														
99285	ER Visit	NO	\$152.29														

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MISCELLANEOUS																	
00104	Anesthesia for ECT	NA	\$95.84														
90870	ECT single seizure w/ monitoring (Physician only)	NA	\$95.96														
T1015	Clinic visit/encounter, all inclusive rate per day	YES									Ind. Rate						
36415	Collection of blood by venipuncture	NA					\$14.57										
90772	Therapeutic injection - Ends 12/31/2008	YES					\$14.57										
96372	Therapeutic injection - Starts 01/01/2009	YES					\$14.57										
SPECIAL SERVICES																	
S0201	Mental health partial hosp, tx <24 hours	NA													\$198.63		
S0201-52	Intensive outpatient program (IOP)	NA													\$108.10		
S9480	Intensive OP psych svcs, per diem (clinic model)	NA					\$126.47										
S9480	C&A Intensive OP psych svcs, per diem (clinic model)	NA					\$150.35										
H0032	Interdisciplinary team tx plng w/patient present	YES					\$80.81										
H0046	Therapeutic Nursery	YES					\$41.16										
OCCUPATIONAL THERAPY																	
97003	Occupational therapy evaluation, per 15 min	NO				\$14.70											
97004	Occupational therapy re-evaluation, per 15 min	NO				\$14.70											
97150	Therapeutic procedure(s) group (2 or more)	NO				\$17.85											
97530	Therapeutic activities, direct patient contact, per 15 min.	NO				\$11.54											
97532	Development of cognitive skills, direct contact per 15 min.	NO				\$11.54											
97535	Self-care/home mgmt trng, per 15 min.	NO				\$11.54											
97537	Community/work reintegration trng, direct contact, per 15 min.	NO				\$11.54											
MENTAL HEALTH CASE MANAGEMENT																	
H0031	Case Management Annual Assessment (only if approved by program)	NO										\$105.92					
T1016	Mental health case management (daily session)	NO										\$105.92					
MOBILE TREATMENT																	
H0040-21	Assertive Community Treatment (ACT) EBP	NO											\$1,154.51				
H0040-U9	Assertive Community Treatment (ACT) EBP for Medicare consumers	NO											\$1,023.32				
H0040	Mobil treatment Non-EBP	NO											\$818.65				
H0040-52	Mobil treatment Non-EBP for Medicare consumers	NO											\$627.64				
PSYCHIATRIC REHABILITATION-RESIDENTIAL REHABILITATION PROGRAM																	

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H0002	Rehabilitation Assessment	YES						\$60.09	\$60.09									
H2016	Encounter (only bill w/POS 15 (off-site) or 52 (on-site))	NO																
S9445	Any combination of on/off-site PRP svcs for client in a supported employment program. (Must use POS 52 or 15 & min 2 encounters) (Monthly rate)	YES**						\$104.96	\$104.96	\$104.96								
H2018-U2	Any combination of on/off-site PRP svcs for Community client (i.e. child or adult under supv of guardian/parent). (Must use POS 49 & min 3 encounters) (Monthly rate)	YES**								\$416.41								
H2018-U2	On-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate)	YES**						\$178.68										
H2018-U2	Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)	YES**							\$237.72									
H2018-U3	Any combination of on/off-site PRP svcs for Supported Living client (i.e. adult living independently). (Must use POS 49 & min 6 encounters) (Monthly rate)	YES**								\$742.03								
H2018-U3	On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate)	YES**						\$252.95										
H2018-U3	Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate)	YES**							\$489.09									
H2018-U4	On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)	YES**						\$436.61										
H2018-U4	Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)	YES**							\$1,172.36									
H2018-U5	On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)	YES**						\$436.61										
H2018-U5	Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)	YES**							\$3,045.81									
H2018-U6	Any combination of on/off-site PRP svcs for adult in General Level RRP bed. (Must use POS 49 & min 17 encounters) (Monthly rate)	YES**								\$1,608.97								
H2018-U7	Any combination of on/off-site PRP svcs for adult in Intensive! Level RRP bed. (Must use POS 49 & min 23 encounters) (Monthly rate)	YES**								\$3,482.42								
T1023	Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)	YES**								\$436.61								
HOUSING SERVICES																		
T2048	Residential room and board (per day)	NO						\$12.28								\$12.28		
S5150	Enhanced support (per hour) (10 hour maximum)	NO						\$12.59										
H0019	Crisis Bed hold (per day)	NO						\$12.28								\$12.28		
RESPITE CARE																		
H0045	Adult Respite care, not in home, per diem	NO								\$73.73								
H0045	C&A Respite care, not in home, per diem	NO														\$170.02		
T1005	In home respite care	NO					3.40/15min.		3.40/15min.				3.40/15min.					
RESIDENTIAL CRISIS SERVICES																		
S9485	Residential crisis services (also bill as T2048)	NO															\$246.09	
S5145	Residential crisis, treatment foster care	NO															\$158.23	

SUPPORTED EMPLOYMENT

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H2023	Supported employment (intensive job coaching), per 15 minutes (Auth'd by CSA w/lifetime benefit of \$2,750)	NO							\$7.21								
H2024	Supported employment (Pre-placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)	NO							\$419.82								
H2024-21	Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)	NO							\$1,048.51								
H2026	Ongoing support to maintain employment, per month	NO							\$341.11								
H2026-21	Ongoing support to maintain employment, per month - EBP	NO							\$419.82								
S9445-52	Clinic coordination - EBP	NO							\$104.96								
TRAUMATIC BRAIN INJURY																	
W0037	Residential habilitation Level 1 (per day)	NO												\$187.99			
W0038	Residential habilitation Level 2 (per day)	NO												\$248.92			
W0039	Residential habilitation Level 3 (per day)	NO												\$344.36			
W0054	Day habilitation Level 1 (per day)	NO												\$48.52			
W0055	Day habilitation Level 2 (per day)	NO												\$84.66			
W0056	Day habilitation Level 3 (per day)	NO												\$119.12			
W0057	Supported employment Level 1 (per day)	NO												\$28.80			
W0058	Supported employment Level 2 (per day)	NO												\$48.52			
W0059	Supported employment Level 3 (per day)	NO												\$119.11			
W0060	Individual Support Services (ISS)	NO												\$23.55			
THERAPEUTIC BEHAVIORAL SERVICES																	
96150	Initial Assessment & Development of Behavioral Plan for TBS	NA	\$102.90														
96151	Reassessment and development of new Behavior Plan for TBS (licensed TBS Providers only)	NA	\$96.72														
96152	EPSDT Health & behavior intervention, each 15 min (must be a designated provider of Therapeutic Behavioral Services)	NA	\$21.02/hr (\$5.26/15 minutes)														

* Reimbursable using POS 12 for follow-up visits by an OMHC M.D. in a Crisis Bed

** For PRP services a \$2 copay applies to the minimum number of encounters. Example for H2018-U3 with a minimum encounter of 3, the copay is \$6.